

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075011

1. Entity Name
SPECTRUM MARKETING OF CENTRAL FLORIDA, INC.

Principal Place of Business 104 BRANDYWINE LANE LONGWOOD FL 32779 US	Mailing Address P. O. BOX 915895 LONGWOOD FL 32791-5895 US
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2. Principal Place of Business	3. Mailing Address 104 BRANDYWINE LANE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State LONGWOOD, FL
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Zip	Country	Zip	Country
32779		32779	US

4. FEI Number	59-3207674	Applied For	
		No: Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**LABRET, STEVEN M
226 HILLCREST ST
SUITE A
ORLANDO FL 32801**

7. Name and Address of New Registered Agent
Name **EDWIN L. KORKKI**
Street Address (P.O. Box Number is Not Acceptable)
104 BRANDYWINE LANE
City **LONGWOOD** FL Zip Code **32779**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* DATE **4-23-01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST KORKKI, EDWIN L. 104 BRANDYWINE LANE LONGWOOD FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **EDWIN L. KORKKI, JR** DATE: **4-23-01** **407-788-1820**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90102 010 ***150.00

LUUDD091



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)